



Statutory Rules 1991 No. 86¹

Health Insurance (1991 Diagnostic Imaging Services Table) Regulations²

I, THE GOVERNOR-GENERAL of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Health Insurance Act 1973*.

Dated 29 April 1991.

BILL HAYDEN
Governor-General

By His Excellency's Command,

B.HOWE
Minister of State for Community Services
and Health

Citation

1. These Regulations may be cited as the Health Insurance (1991 Diagnostic Imaging Services Table) Regulations.

Commencement

2. These Regulations commence on 1 May 1991.

Diagnostic imaging services table

3. The table of diagnostic imaging services in the Schedule is prescribed for the purposes of subsection 4AA (1) of the *Health Insurance Act 1973*.

SCHEDULE

Regulation 3

TABLE OF DIAGNOSTIC IMAGING SERVICES**RULES OF INTERPRETATION**

1. (1) In this table:

“Division” means a Division of a Part of the list of services and fees in this table;

“item” means an item in that list;

“Part” means a Part of that list.

(2) A reference in this table by number to an item in the series 795 to 798 (both inclusive) is a reference to the item so numbered in the general medical services table.

2. In Parts 1 and 3, **“report”** means a report prepared by a medical practitioner.

3. In item 793, **“group of practitioners”** has the same meaning as in subsection 16A (10).

4. A service specified in this table is a diagnostic imaging service for the purposes of the Act, whether the diagnostic imaging service is rendered by:

(a) a medical practitioner; or

(b) a person, other than a medical practitioner, who is employed by a medical practitioner or, in accordance with accepted medical practice, acts under the supervision of a medical practitioner.

5. If an item includes the symbol “(NR)”, the item relates to an NR-type diagnostic imaging service.

6. If an item includes the symbol “(R)”, the item relates to an R-type diagnostic imaging service.

SCHEDULE—continued

7. If an item includes the symbol “(S)”, the item relates to the service specified in the item when rendered by a specialist in the practice of the specialty of diagnostic radiology.

8. If an item includes the symbol “(HR)”, the item relates to the service specified in the item when rendered with the use of magnetic resonance imaging equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

9. For the purposes of rule 8, each of the following classes of radiology units is a prescribed class of radiology units:

- (a) radiology units operated by the Commonwealth;
- (b) radiology units operated by a State or an authority of a State;
- (c) radiology units operated by the Northern Territory;
- (d) radiology units operated by the Australian Capital Territory;
- (e) radiology units operated by Australian tertiary education institutions.

10. If an item includes a symbol in parentheses consisting of the letters “AU” followed by a number, that symbol refers to an item in Part 3 of the general medical services table in respect of the administration of an anaesthetic in connection with the diagnostic imaging service to which the firstmentioned item relates, being:

- (a) if the anaesthetic is administered by a medical practitioner other than a specialist anaesthetist—the relevant item in Division 1 of Part 3 of that table; or
- (b) if the anaesthetic is administered by a specialist anaesthetist—the relevant item in Division 2 of Part 3 of that table.

11. If an item includes the symbol “(C)”, the item relates to a service specified in the item when rendered with the use of a radioisotope imaging scanner at a nuclear medicine unit that has computerised processing facilities capable of being used in the rendering of the service.

12. If an item includes the symbol “(NC)”, the item relates to a service specified in the item when rendered with the use of a radioisotope imaging scanner at a nuclear medicine unit other than a nuclear medicine unit that has computerised processing facilities capable of being used in the rendering of the service.

13. A reference in item 2455 to an amount under this rule is a reference to an amount equal to the sum of:

SCHEDULE—*continued*

- (a) the fee set out in the item relating to the service (being a service in Part 2) in conjunction with which the service referred to in item 2455 is performed; and
- (b) \$108.00.

14. A reference in an item referred to in a paragraph of this rule to an amount under this rule is a reference to an amount equal to the sum of the fee set out in the item that relates to a radiographic examination of the kind referred to in the firstmentioned item and:

- (a) in the case of item 2732—\$19.80; or
- (b) in the case of item 2782—\$21.00; or
- (c) in the case of item 2798—\$12.60.

15. A nuclear scanning service to which an item in Part 5 relates is a medical service for the purposes of the Act only if the preliminary examination of the patient, the estimation and administration of the dosage and performance of the scan are undertaken by a medical practitioner, or on behalf of a medical practitioner in the practitioner's presence, and the compilation of the final report is undertaken by the medical practitioner.

16. A reference in item 8748 or 8749 to an amount under this rule is a reference to an amount equal to the sum of the fee set out in the item relating to the service (being a service in Part 5), in conjunction with which the service referred to in item 8748 or 8749 is performed and:

- (a) in the case of item 8748—\$84.00; and
- (b) in the case of item 8749—\$63.00.

17. A reference in item 8868 to an amount under this rule is a reference to an amount equal to the sum of:

- (a) the fee set out in the item relating to the service (being a service in Part 5) in conjunction with which the service referred to in item 8868 is performed; and
- (b) \$168.00.

SCHEDULE—continued

SERVICES AND FEES

Item	Fee
------	-----

PART 1 Division 1

\$

791	Ultrasonic cross-sectional echography, not associated with item 793, 794 or 913, where the patient is not referred by a medical practitioner for ultrasonic examination, each ultrasonic examination not exceeding two examinations in any one pregnancy (NR)	32.00
793	Ultrasonic cross-sectional echography performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with item 791, 794 or 913 and where the referring medical practitioner is not a member of a group of practitioners of which the firstmentioned practitioner is a member (R)	93.00
794	Ultrasonic echography, unidimensional not associated with item 791, 793 or 913 (NR)	56.00

Division 2

913	Echocardiography, not covered by item 791 or 793 (R)	80.00
-----	------------------------------------------------------	-------

Division 3

990	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries), peripheral vessels, or intra-thoracic or intra-abdominal vascular vessels (excluding cardiac and pregnancy related studies and not associated with item 793)—one examination and report (R)	160.00
991	Two or more examinations of the kind referred to in item 990 and report (not associated with item 793) (R)	275.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
992	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels, with oculoplethysmography (not associated with item 793)—examination and report (R)	192.00
993	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels and carotid vessels, with oculoplethysmography (not associated with item 793)—examination and report (R)	310.00
995	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels, including any of the investigations covered by item 795, 796 or 797 (not associated with item 793)—examination and report (R)	186.00
999	Duplex scanning (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of peripheral vessels, including any of the investigations covered by item 798 (not associated with item 793)—examination and report (R)	205.00
PART 2—COMPUTERISED TOMOGRAPHY (EXCLUDING MAGNETIC RESONANCE IMAGING)		
<i>Division 1—Computerised tomography on a body scanner</i>		
2400	Computerised tomography—scan of brain with or without scan of internal auditory meatus and without intravenous contrast medium (not covered by item 2447 or 2450) (R)	138.00
2401	Computerised tomography—scan of brain with or without scan of internal auditory meatus and with intravenous contrast medium (not covered by item 2448 or 2451) (R)	192.00
2402	Computerised tomography—scan of brain with or without scan of internal auditory meatus without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2449 or 2452) (R)	225.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2403	Computerised tomography—scan of pituitary fossa by multiple thin slices (including reconstructions) with or without intravenous contrast medium and with or without brain scan (R)	460.00
2404	Computerised tomography—scan of orbits by multiple thin slices (including reconstructions) with or without intravenous contrast medium and with or without brain scan (R)	455.00
2405	Computerised tomography—scan of middle ear and temporal bone, unilateral or bilateral, detailed study by multiple thin slices (including reconstructions) with or without intravenous contrast medium and with or without brain scan (R)	445.00
2406	Computerised tomography—scan of temporal bones with air study (including reconstructions) and including intrathecal injection, not including an associated brain scan (R)	355.00
2407	Computerised tomography—scan of facial bones, sinuses and salivary glands—scan of one or more regions without intravenous contrast medium (R)	250.00
2408	Computerised tomography—scan of facial bones, sinuses and salivary glands—scan of one or more regions with intravenous contrast medium (R)	265.00
2409	Computerised tomography—scan of facial bones, sinuses and salivary glands—scan of one or more regions without and with intravenous contrast medium (R)	375.00
2410	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions without intravenous contrast medium (not covered by item 2444) (R)	355.00
2411	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions with intravenous contrast medium (not covered by item 2445) (R)	385.00
2412	Computerised tomography—scan of soft tissues of neck including larynx, pharynx and upper oesophagus (not associated with cervical spine)—scan of one or more regions without and with intravenous contrast medium (not covered by item 2446) (R)	420.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2413	Computerised tomography—scan of spine, one or more regions—25 slices or less without intravenous contrast medium (R)	176.00
2414	Computerised tomography—scan of spine, one or more regions—25 slices or less with intravenous contrast medium (R)	205.00
2415	Computerised tomography—scan of spine, one or more regions—25 slices or less without and with intravenous contrast medium (R)	275.00
2416	Computerised tomography—scan of spine, one or more regions—26 or more slices without intravenous contrast medium (R)	250.00
2417	Computerised tomography—scan of spine, one or more regions—26 or more slices with intravenous contrast medium (R)	275.00
2418	Computerised tomography—scan of spine, one or more regions—26 or more slices without and with intravenous contrast medium (R)	385.00
2419	Computerised tomography—scan of spine, one or more regions with intrathecal contrast medium (not including the preparation by intrathecal injection of contrast medium) (R)	250.00
2420	Computerised tomography—scan of chest (including lungs, mediastinum and pleura) without intravenous contrast medium (not covered by item 2438, 2441, 2444, 2447 or 2450) (R)	250.00
2421	Computerised tomography—scan of chest (including lungs, mediastinum and pleura) with intravenous contrast medium (not covered by item 2439, 2442, 2445, 2448 or 2451) (R)	285.00
2422	Computerised tomography—scan of chest (including lungs, mediastinum and pleura) without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446, 2449 or 2452) (R)	360.00
2423	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis without intravenous contrast medium (not covered by item 2438, 2441, 2444 or 2450) (R)	138.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2424	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis with intravenous contrast medium (not covered by item 2439, 2442, 2445 or 2451) (R)	168.00
2425	Computerised tomography—scan of upper abdomen (diaphragm to iliac crest) or pelvis without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446 or 2452) (R)	275.00
2426	Computerised tomography—scan of upper abdomen and pelvis without intravenous contrast medium (not covered by item 2438, 2441, 2444 or 2450) (R)	210.00
2427	Computerised tomography—scan of upper abdomen and pelvis with intravenous contrast medium (not covered by item 2439, 2442, 2445 or 2451) (R)	255.00
2428	Computerised tomography—scan of upper abdomen and pelvis without intravenous contrast medium (minimum of 8 slices) and with intravenous contrast medium (not covered by item 2440, 2443, 2446 or 2452) (R)	360.00
2429	Computerised tomography—scan of extremities, one or more regions involving up to 20 slices without intravenous contrast medium (R)	138.00
2430	Computerised tomography—scan of extremities, one or more regions involving up to 20 slices with intravenous contrast medium (R)	168.00
2431	Computerised tomography—scan of extremities, one or more regions involving up to 20 slices without and with intravenous contrast medium (R)	205.00
2432	Computerised tomography—scan of extremities, one or more regions involving more than 20 slices but not more than 40 slices without intravenous contrast medium (R)	176.00
2433	Computerised tomography—scan of extremities, one or more regions involving more than 20 slices but not more than 40 slices with intravenous contrast medium (R)	205.00
2434	Computerised tomography—scan of extremities, one or more regions involving more than 20 slices but not more than 40 slices without or with intravenous contrast medium (R)	275.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2435	Computerised tomography—scan of extremities, one or more regions involving more than 40 slices without intravenous contrast medium (R)	250.00
2436	Computerised tomography—scan of extremities, one or more regions involving more than 40 slices with intravenous contrast medium (R)	275.00
2437	Computerised tomography—scan of extremities, one or more regions involving more than 40 slices without and with intravenous contrast medium (R)	350.00
2438	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) without intravenous contrast medium (not covered by item 2441, 2444 or 2450) (R)	250.00
2439	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) with intravenous contrast medium (not covered by item 2442, 2445 or 2451) (R)	290.00
2440	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) with or without intravenous contrast medium (not covered by item 2443, 2446 or 2452) (R)	365.00
2441	Computerised tomography—scan of chest, abdomen and pelvis without intravenous contrast medium (not covered by item 2444) (R)	325.00
2442	Computerised tomography—scan of chest, abdomen and pelvis with intravenous contrast medium (not covered by item 2445) (R)	365.00
2443	Computerised tomography—scan of chest, abdomen and pelvis with or without intravenous contrast medium (not covered by item 2446) (R)	510.00
2444	Computerised tomography—scan of neck, chest, abdomen and pelvis without intravenous contrast medium (R)	465.00
2445	Computerised tomography—scan of neck, chest, abdomen and pelvis with intravenous contrast medium (R)	510.00
2446	Computerised tomography—scan of neck, chest, abdomen and pelvis with or without intravenous contrast medium (R)	615.00
2447	Computerised tomography—scan of brain and chest without intravenous contrast medium (R)	250.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2448	Computerised tomography—scan of brain and chest with intravenous contrast medium (R)	290.00
2449	Computerised tomography—scan of brain and chest with or without intravenous contrast medium (R)	400.00
2450	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain without intravenous contrast medium (R)	355.00
2451	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain with intravenous contrast medium (R)	400.00
2452	Computerised tomography—scan of chest and upper abdomen (from lung apices to iliac crest) and scan of brain with or without intravenous contrast medium (R)	510.00
2453	Computerised tomography—pelvimetry (R)	138.00
2454	Computerised tomography—dynamic scan of region not associated with any other item in this part (R)	168.00
2455	Computerised tomography—dynamic scan of region when associated with another item in this Part (R)	Amount under rule 13

Division 2—Computerised tomography on a brain scanner

		\$
2458	Computerised tomography—scan of brain without intravenous contrast medium (R)	70.00
2459	Computerised tomography—scan of brain with intravenous contrast medium (R)	85.00
2460	Computerised tomography—scan of brain with or without intravenous contrast medium (R)	132.00

PART 3—DIAGNOSTIC RADIOLOGY

*Division 1—Radiographic examination of extremities and report
(with or without fluoroscopy)*

2502	Digits or phalanges—all or any of either hand or either foot (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	29.00
2505	Digits or phalanges—all or any of either hand or either foot (when the service is rendered by a specialist in the practice of his or her specialty) (R)	38.50

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2508	Hand, wrist, forearm, elbow (to shoulder) or arm (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	29.00
2512	Hand, wrist, forearm, elbow (to shoulder) or arm (when the service is rendered by a specialist in the practice of his or her specialty) (R)	38.50
2516	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder) (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	39.50
2520	Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder) (when the service is rendered by a specialist in the practice of his or her specialty) (R)	52.00
2524	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	31.50
2528	Foot, ankle, lower leg, upper leg, knee or thigh (femur) (when the service is rendered by a specialist in the practice of his or her specialty) (R)	42.00
2532	Foot, ankle and lower leg; or upper leg and knee (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	48.00
2537	Foot, ankle and lower leg; or upper leg and knee (when the service is rendered by a specialist in the practice of his or her specialty) (R)	64.00
<i>Division 2—Radiographic examination of shoulder or hip joint and report</i>		
2539	Shoulder or scapula (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	39.50
2541	Shoulder or scapula (when the service is rendered by a specialist in the practice of his or her specialty) (R)	52.00
2543	Clavicle (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	31.50
2545	Clavicle (when the service is rendered by a specialist in the practice of his or her specialty) (R)	42.00
2548	Hip joint (R)	46.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2551	Pelvic girdle (R)	59.00
2554	Sacro-iliac joints (R)	59.00
2557	Femur, internal fixation of neck or intertrochanteric (pertrochanteric) fracture (R)	96.00
<i>Division 3—Radiographic examination of head and report</i>		
2560	Skull (calvarium) (R)	63.00
2563	Sinuses (R)	46.00
2566	Mastoids (R)	63.00
2569	Petrous temporal bones (R)	63.00
2573	Facial bones—orbit, maxilla or malar—any or all (R)	46.00
2576	Mandible (R)	46.00
2579	Salivary calculus (R)	46.00
2581	Nose (R)	46.00
2583	Eye (R)	46.00
2585	Temporo-mandibular joints (R)	48.00
2587	Teeth—single area (R)	32.00
2589	Teeth—full mouth (R)	76.00
2590	Teeth—orthopantomography (R)	46.00
2591	Palato-pharyngeal studies with fluoroscopic screening (R)	63.00
2593	Palato-pharyngeal studies without fluoroscopic screening (R)	48.00
2595	Larynx (R)	42.00
<i>Division 4—Radiographic examination of spine and report</i>		
2597	Spine—cervical (R)	63.00
2599	Spine—thoracic (R)	54.00
2601	Spine—lumbo-sacral (R)	74.00
2604	Spine—sacro-coccygeal (R)	45.00
2607	Spine—2 regions (R)	93.00
2609	Spine—3 or more regions (R)	128.00
2611	Spine—functional views of one area (R)	20.00
<i>Division 5—Bone age study and skeletal surveys</i>		
2614	Bone age study, wrist and knee (R)	46.00
2617	Bone age study, wrist (R)	38.50
2621	Skeletal survey involving 4 or more regions (R)	87.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
<i>Division 6—Radiographic examination of thoracic region and report</i>		
2625	Chest (lung fields) by direct radiography (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	34.50
2627	Chest (lung fields) by direct radiography (when the service is rendered by a specialist in the practice of his or her specialty) (R)	46.00
2630	Chest (lung fields) by direct radiography with fluoroscopic screening (R)	59.00
2634	Thoracic inlet or trachea (R)	38.50
2638	Chest by miniature radiography (R)	21.00
2642	Cardiac examination (including barium swallow) (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) (NR)	44.50
2646	Cardiac examination (including barium swallow) (when the service is rendered by a specialist in the practice of his or her specialty) (R)	59.00
2655	Sternum or ribs on one side (R)	42.00
2656	Sternum and ribs on one side, or ribs on both sides (R)	55.00
2657	Sternum and ribs on both sides (R)	67.00
<i>Division 7—Radiographic examination of urinary tract and report</i>		
2665	Plain renal only (R)	46.00
2672	Drip-infusion pyelography (R)	128.00
2676	Intravenous pyelography, including preliminary plain film (R)	120.00
2678	Intravenous pyelography, including preliminary plain film and limited tomography involving up to 3 tomographic cuts (R)	150.00
2681	Intravenous pyelography, including preliminary plain film with delayed examination for the cysto-ureteric reflex (R)	152.00
2687	Antegrade or retrograde pyelography including preliminary plain film (R)	96.00
2690	Retrograde cystography or retrograde urethrography (R)	64.00
2694	Retrograde micturating cysto-urethrography (R)	76.00
2697	Retro-peritoneal pneumogram (R)	48.00

SCHEDULE—*continued*

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
<i>Division 8—Radiographic examination of alimentary tract and biliary system (with or without fluoroscopy) and report</i>		
2699	Plain abdominal only (when the service is rendered otherwise than by a specialist in the practice of his or her specialty) not associated with item 2709, 2711, 2714 or 2720 (NR)	34.50
2703	Plain abdominal only (when the service is rendered by a specialist in the practice of his or her specialty) not associated with item 2709, 2711, 2714 or 2720 (R)	46.00
2706	Oesophagus, with or without examination for foreign body or barium swallow (R)	65.00
2709	Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest and with or without preliminary plain film (R)	89.00
2711	Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest and with or without preliminary plain film (R)	106.00
2714	Barium or other opaque meal, small bowel series only, with or without preliminary plain film (R)	76.00
2716	Opaque enema (R)	89.00
2718	Opaque enema, including air contrast study (R)	106.00
2720	Graham's test (cholecystography), with or without preliminary abdominal radiograph (R)	76.00
2722	Cholegraphy direct—operative or post-operative (R)	74.00
2724	Cholegraphy—intravenous (R)	106.00
2726	Cholegraphy—percutaneous transhepatic (R)	87.00
2728	Cholegraphy—drip infusion (R)	144.00
<i>Division 9—Radiographic examination for localization of foreign bodies and report</i>		
2730	Foreign body in eye (special method, Sweet's or other) (R)	64.00
2732	Foreign body, localization of and report, not covered by any other item in this Part (R)	Amount under rule 14

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
<i>Division 10—Radiographic examination of breasts and report</i>		
2734	Radiographic examination of both breasts (with or without thermography) and report where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (S) (R)	76.00
2736	Radiographic examination of one breast (with or without thermography) and report where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner (S) (R)	46.00
<i>Division 11—Radiographic examination in connection with pregnancy and report</i>		
2738	Pregnant uterus (R)	47.00
2740	Pelvimetry or placentography (R)	87.00
2742	Control X-rays associated with intrauterine foetal blood transfusion (R)	64.00
<i>Division 12—Radiographic examination with opaque or contrast media and report</i>		
2744	Serial angiocardiology (rapid cassette changing)—each series (AU8) (R)	81.00
2746	Serial angiocardiology (single plane—direct roll-film method)—each series (AU 8) (R)	112.00
2748	Serial angiocardiology (bi-plane—direct roll-film method)—each series (AU 8) (R)	112.00
2750	Serial angiocardiology (indirect roll-film method)—each series (AU 8) (R)	112.00
2751	Selective coronary arteriography (R)	295.00
2752	Discography—one disc (R)	67.00
2754	Dacryocystography—one side (R)	46.00

SCHEDULE—*continued*

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2756	Encephalography (R)	100.00
2758	Cerebral angiography—one side (R)	76.00
2760	Cerebral ventriculography (R)	87.00
2762	Hysterosalpingography (R)	65.00
2764	Bronchography—one side (R)	96.00
2766	Arteriography, peripheral—one side (R)	96.00
2768	Phlebography—one side (R)	96.00
2770	Aortography (R)	96.00
2772	Splenography (R)	96.00
2773	Myelography, one region (R)	116.00
2774	Myelography, 2 regions (R)	192.00
2775	Myelography, 3 regions (R)	260.00
2776	Selective arteriography per injection and film run (R)	96.00
2778	Sialography—one side (R)	65.00
2780	Vasoepididymography—one side (R)	65.00
2782	Sinuses and fistulae (R)	Amount under rule 14
		\$
2784	Laryngography with contrast media (R)	48.00
2786	Pneumoarthrography (R)	41.00
2788	Arthrography—contrast (R)	48.00
2790	Arthrography—double contrast (R)	84.00
2792	Lymphangiography, including follow up radiography (R)	64.00
2794	Pneumomediastinum (R)	59.00
<i>Division 13—Tomography and report</i>		
2796	Tomography, any part and report (R)	59.00
<i>Division 14—Stereoscopic examination and report</i>		
2798	Stereoscopic examination of any area and report (R)	Amount under rule 14

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
<i>Division 15—Fluoroscopic examination and report</i>		
2800	Examination with general anaesthesia (not associated with a radiographic examination) (AU 7) (R)	42.00
2802	Examination without general anaesthesia (not associated with a radiographic examination) (R)	29.00
<i>Division 16—Examination not otherwise covered</i>		
2804	Radiographic examination of any part and report not covered by any other item in this Part (R)	20.00
<i>Division 17—Preparation for radiological procedure, being the injection of opaque or contrast media or the removal of fluid and its replacement by air, oxygen or other contrast media or other similar preparation</i>		
2805	Encephalography (AU 10) (NR)	176.00
2807	Cerebral angiography, one side—percutaneous, catheter or open exposure (AU 10) (NR)	124.00
2811	Cerebral ventriculography (AU 10) (NR)	168.00
2813	Dacryocystography—one side (NR)	38.50
2815	Bronchography—one or both sides (AU 8) (NR)	59.00
2817	Aortography (AU 8) (NR)	69.00
2819	Arteriography (peripheral) or phlebography—one vessel (AU 6) (NR)	51.00
2823	Splenography (AU 6) (NR)	42.00
2825	Retroperitoneal pneumogram (NR)	46.00
2827	Selective arteriogram or phlebogram (AU 6) (NR)	42.00
2831	Percutaneous injection of radio-opaque material into renal pelvis or into a renal cyst (including aspiration of the cyst) for antegrade pyelography (NR)	59.00
2833	Pneumoarthrography or pneumoperitoneum (NR)	47.00
2834	Preparation for contrast arthrography or double contrast arthrography excluding arthrography of the joints between articular processes of the vertebrae (NR)	47.00
2837	Drip-infusion pyelography or drip-infusion cholegraphy (NR)	35.50
2839	Retrograde micturating cystourethrography (NR)	66.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
2841	Hysterosalpingography (AU 6) (NR)	59.00
2843	Discography—one disc (AU 5) (NR)	38.50
2844	Preparation for discography using Metrizamide contrast medium (NR)	59.00
2845	Intraosseous venography (NR)	44.00
2847	Myelography, not covered by item 2848 (AU 11) (NR)	116.00
2848	Myelography, using Metrizamide (Amipaque) contrast medium (AU 11) (NR)	162.00
2849	Cisternal puncture (NR)	76.00
2851	Sinus or fistula injection into (NR)	20.00
2852	Preparation for sialography (NR)	53.00
2853	Lymphangiography—one side (NR)	116.00
2855	Laryngography (NR)	59.00
2857	Pneumomediastinum (NR)	76.00
2859	Cholegram, percutaneous transhepatic (AU 11) (NR)	116.00
PART 4—MAGNETIC RESONANCE IMAGING		
2980	Magnetic resonance imaging—examination of any part or parts of body (HR) (R)	315.00
PART 5—NUCLEAR MEDICINE IMAGING		
8727	Myocardial perfusion study using thallium—single study for stress OR reperfusion (C) (R)	345.00
8728	Myocardial perfusion study using thallium—single study for stress OR reperfusion (NC) (R)	255.00
8732	Myocardial perfusion study using thallium—combined study for stress AND reperfusion (C) (R)	545.00
8733	Myocardial perfusion study using thallium—combined study for stress AND reperfusion (NC) (R)	405.00
8734	Myocardial infarct-avid imaging study (C) (NR)	200.00
8735	Myocardial infarct-avid imaging study (NC) (R)	150.00
8740	Gated cardiac blood pool (equilibrium) study (C) (R)	235.00
8741	Gated cardiac blood pool study with intervention (C) (R)	290.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
8744	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study (not part of other investigation) (C) (R)	176.00
8745	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study (not part of other investigation) (NC) (R)	130.00
8748	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study when associated with another item in this Part (C) (R)	Amount under rule 16
8749	Cardiac first pass blood flow study, cardiac shunt study or cardiac output study when associated with another item in this Part (NC) (R)	Amount under rule 16
		\$
8751	Lung perfusion study (C) (R)	166.00
8752	Lung perfusion study (NC) (R)	124.00
8753	Lung ventilation study using Xe127 gas (C) (R)	275.00
8754	Lung ventilation study using Xe127 gas (NC) (R)	210.00
8757	Lung ventilation study using Xe133 gas (C) (R)	156.00
8758	Lung ventilation study using Xe133 gas (NC) (R)	116.00
8761	Lung ventilation study using aerosol (C) (R)	192.00
8762	Lung ventilation study using aerosol (NC) (R)	144.00
8765	Lung perfusion study and lung ventilation study using either Xe127 or Xe133 gas (C) (R)	300.00
8766	Lung perfusion study and lung ventilation study using either Xe127 or Xe133 gas (NC) (R)	220.00
8767	Lung perfusion study and lung ventilation study using aerosol (C) (R)	330.00
8768	Lung perfusion study and lung ventilation study using aerosol (NC) (R)	250.00
8771	Liver and spleen study (colloid) (C) (R)	198.00
8772	Liver and spleen study (colloid) (NC) (R)	148.00
8775	Red blood cell spleen or liver study (C) (R)	200.00
8776	Red blood cell spleen or liver study (NC) (R)	150.00
8777	Hepatobiliary study (C) (R)	320.00
8778	Hepatobiliary study (NC) (R)	240.00
8781	Bowel haemorrhage study (C) (R)	370.00
8782	Bowel haemorrhage study (NC) (R)	275.00
8785	Meckel's diverticulum study (C) (R)	170.00
8786	Meckel's diverticulum study (NC) (R)	128.00
8789	Salivary study (C) (R)	170.00
8790	Salivary study (NC) (R)	128.00

SCHEDULE—*continued*

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
8791	Gastro-oesophageal reflux study (C) (R)	365.00
8792	Gastro-oesophageal reflux study (NC) (R)	270.00
8795	Oesophageal clearance study (C) (R)	110.00
8796	Oesophageal clearance study (NC) (R)	82.00
8801	Gastric emptying study using single tracer (C) (R)	545.00
8802	Gastric emptying study using dual tracer (C) (R)	580.00
8805	Renal study with or without dynamic flow study and with or without computer extraction of functional parameters (C) (R)	250.00
8809	Renal study with intervention (C) (R)	305.00
8810	Renal study with intervention (NC) (R)	225.00
8811	Cystoureterogram (C) (R)	188.00
8812	Cystoureterogram (NC) (R)	142.00
8815	Testicular study (C) (R)	124.00
8816	Testicular study (NC) (R)	93.00
8819	Brain study with blood brain barrier agent (C) (R)	168.00
8820	Brain study with blood brain barrier agent (NC) (R)	126.00
8822	Cerebro-spinal fluid transport study (C) (R)	660.00
8823	Cerebro-spinal fluid transport study (NC) (R)	495.00
8826	Cerebro-spinal fluid shunt patency study (C) (R)	172.00
8827	Cerebro-spinal fluid shunt patency study (NC) (R)	128.00
8830	Dynamic blood flow study or regional blood volume quantitative study (not associated with any other item in this Part) (C) (R)	91.00
8831	Dynamic blood flow study or regional blood volume quantitative study (not associated with any other item in this Part) (NC) (R)	68.00
8832	Bone study—whole body (C) (R)	365.00
8833	Bone study—whole body (NC) (R)	270.00
8834	Bone study—whole body and dynamic blood flow or regional blood volume quantitative study (C) (R)	455.00
8835	Bone study—whole body and dynamic blood flow or regional blood volume quantitative study (NC) (R)	345.00
8836	Whole body study using iodine (C) (R)	415.00
8837	Whole body study using iodine (NC) (R)	310.00
8838	Whole body study using gallium (C) (R)	415.00
8839	Whole body study using gallium (NC) (R)	310.00
8840	Whole body study using cells labelled with technetium (C) (R)	370.00

SCHEDULE—continued

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
8841	Whole body study using cells labelled with technetium (NC) (R)	275.00
8842	Bone marrow study—whole body (C) (R)	365.00
8843	Bone marrow study—whole body (NC) (R)	270.00
8844	Repeat whole body study on different occasion using same administration of radiopharmaceutical (C) (R)	168.00
8845	Repeat whole body study on different occasion using same administration of radiopharmaceutical (NC) (R)	126.00
8846	Localised bone or joint study including flow and blood pool studies (C) (R)	255.00
8847	Localised bone or joint study including flow and blood pool studies (NC) (R)	190.00
8848	Localised bone, joint, tumour, infection or inflammation seeking study using gallium (C) (R)	305.00
8849	Localised bone, joint, tumour, infection or inflammation seeking study using gallium (NC) (R)	225.00
8851	Localised bone, joint, tumour, infection or inflammation seeking study using cells labelled with technetium (C) (R)	260.00
8852	Localised bone, joint, tumour, infection or inflammation seeking study using cells labelled with technetium (NC) (R)	194.00
8853	Repeat localised bone, joint, tumour, infection or inflammation seeking study on different occasion using same administration of radiopharmaceutical (C) (R)	112.00
8854	Repeat localised bone, joint, tumour, infection or inflammation seeking study on different occasion using same administration of radiopharmaceutical (NC) (R)	84.00
8855	Venography (including blood pool study, active uptake study or dynamic blood flow study) (C) (R)	200.00
8856	Venography (including blood pool study, active uptake study or dynamic blood flow study) (NC) (R)	150.00
8857	Lymphoscintigraphy (C) (R)	260.00
8858	Lymphoscintigraphy (NC) (R)	194.00
8859	Thyroid study (C) (R)	116.00
8860	Thyroid study (NC) (R)	86.00
8861	Thyroid uptake study performed on gamma camera (C) (R)	56.00
8862	Thyroid uptake study performed on gamma camera (NC) (R)	42.00
8863	Parathyroid (C) (R)	290.00
8864	Adrenal study using Selenocholesterol (C) (R)	665.00
8865	Adrenal study using Selenocholesterol (NC) (R)	500.00
8866	Adrenal study (not covered by item 8864 or 8865) (C) (R)	340.00

SCHEDULE—*continued*

SERVICES AND FEES

Item	Diagnostic imaging service	Fee
		\$
8867	Adrenal study (not covered by item 8864 or 8865) (NC) (R)	255.00
8868	Single photon emission tomography when associated with another item in this Part (C) (R)	Amount under rule 17
		\$
8869	Tear duct study (C) (R)	170.00
8870	Tear duct study (NC) (R)	128.00
8871	Particle perfusion study (intra-arterial) or Le Veen Shunt study (C) (R)	192.00
8872	Particle perfusion study (intra-arterial) or Le Veen Shunt study (NC) (R)	144.00
8873	Study of region or organ not covered by any other item in this Part (C) (R)	11.00
8874	Study of region or organ not covered by any other item in this Part (NC) (R)	8.30

NOTE

1. Notified in the *Commonwealth of Australia Gazette* on 1991.